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THE UNITED STATES, Dr., Payee's Account No. (Payee) (Payee) (Address) (City) (State) No. and Date of Order Date of Delivery or Service (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms Cost Cost UNIT PI Cost Payment: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Differences (Fayee must NOT use this sport of the payment has not been received, and the payment has not been received, and the payment has not been received. ATOTHR	DPS-2667 COPY 1 OF 2 UNIT PRICE AMOUNT Cost Por Dollars 490
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Amount verified; correct for	correct for 490
	Invoice Rec'd.
Pursuant to authority vested in me, I certify that this account is correct and proper for payment.	
† Approved for \$	
SIGN SIGN ORIGINAL Title	
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THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN A	
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional	GREEMENT IN ANY FORM

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